**UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)**

# USDA Program Discrimination Complaint Form Instructions

(The complaint form is below the instructions)

**PURPOSE:** This form may be used if you believe you have been subjected to discrimination in any USDA program or activity and you wish to file a complaint of discrimination. The form can be used to file a complaint of discrimination based on race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from public assistance program and political beliefs. If you need assistance filling out the form, you may call any of the telephone numbers listed at the bottom of the complaint form. You are not required to use the complaint form. You may write a letter instead. If you write a letter it must contain all of the information requested in the form and be signed by you or your authorized representative.

You may also send a complaint by FAX or United States Postal Service Mail. We must have a signed copy of your complaint. Incomplete information or an unsigned form will delay the processing of your complaint.

**FILING DEADLINE:** A program discrimination complaint must be filed not later than 180 days of the date you knew or should have known of the alleged discrimination, unless the time for filing is extended by USDA. Complaints sent by mail are considered filed on the date the complaint was signed, unless the date on the complaint letter differs by seven days or more from the postmark date, in which case the postmark date will be used as the filing date. Complaint documentation or Complaint Forms sent by fax or mail will be considered filed on the day the complaint is faxed or mailed. Complaints filed after the 180-day deadline must include a 'good cause' explanation for the delay. For example, if:

1. You could not reasonably have been expected to know of the discriminatory act within the 180-day period;
2. You were seriously ill or incapacitated;
3. The same complaint was filed with another Federal, state, or local agency and that agency failed to act on your complaint.

**USDA POLICY:** Federal law and policy prohibits discrimination against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs).

USDA will determine if it has jurisdiction under the law to process the complaint on the bases identified in the complaint and in the programs indicated in the complaint. Reprisal that is based on prior civil rights activity is prohibited.

**PROPERTY ADDRESS:** If this complaint involves a farm or other real estate property that is not your current address, write in the address for that farm or real estate property. Otherwise, this part of the form can be left blank.

**PLEASE READ IMPORTANT LEGAL INFORMATION BELOW**
**CONSENT**

This USDA Program Discrimination Complaint Form is provided in accordance with the Privacy Act of 1974, 5 U.S.C. §552a, and is used to provide the information to which this notice is attached. The United States Department of Agriculture's Office of the Assistant Secretary for Civil Rights (USDA) requests this information pursuant to 7 CFR Part 15.

If the completed form is accepted as a complaint case, the information collected during the investigation will be used to process your program discrimination complaint.

**REPRISAL (RETALIATION) PROHIBITED:**
No Agency, officer, employee, or agent of the USDA, including persons representing the USDA and its programs, shall intimidate, threaten, harass, coerce, discriminate against, or otherwise retaliate against anyone who has filed a complaint of alleged discrimination or who participates in any manner in an investigation or other proceeding raising claims of discrimination.



OMB Control Number 0508-0002

UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)
Program Discrimination Complaint Form

First Name: Middle Initial: Last Name:

Provide Your Full Mailing Address
Number and Street, PO Box, Road, or Route:

Apartment Number (if applicable):

City, State and Zip Code:

Email Address:

Telephone Number (with area code):

Alternate Telephone (with area code):

Best Way to Reach You (select one)
Mail: ◯ Phone: ◯ E-mail: ◯ Other: ◯

Do you have a representative (lawyer or other advocate) for this complaint?
Yes: ◯ No: ◯

If Yes is selected, please provide the following information about your representative:

Representative First Name: Last Name:

Number and Street, PO Box, Road or Route:
Apartment Number:

City, State and Zip Code:

Telephone: Email:

1. Who do you believe discriminated against you? Use additional pages, if necessary.
   Name(s) of person(s) involved in the alleged discrimination (if known):

   Please name the program you applied for (if known/if applicable):

Please select the USDA Agency below that conducts the program or provides Federal financial assistance for the program (if known):

- Farm Service Agency ◯
- Rural Development ◯
- Forest Service ◯
- Food and Nutrition Service: ◯
- Natural Resource Conservation Service ◯
- Other: ____________________

2. What happened to you? State the date when the alleged discrimination occured and then describe what happened. If the alleged discrimination occurred more than once, please provide the other dates and describe what happened. Use additional pages, if necessary, and please include any supporting documents that would help show what happened.

_______________________________________________________________

3. Where did the discrimination occur?
   Address of location where incident occurred:

   ____________________________________
   Number, Street, PO Box, Road, Route

   ____________________ ____________________ ____________
   City State Zip Code

4. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs) Reprisal is prohibited based on prior civil rights activity.

   I believe I was discriminated against based on my

5. Remedies: How would you like to see this complaint resolved?

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6. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court?

   Yes: ◯ No: ◯

   If yes, with what agency or court did you file? ____________________________

   When did you file? ___________ ___________ ___________
   Month Day Year

Signature: __________________________ Date: ____________________________

**Mail Completed Form To:**
USDA
Office of the Assistant Secretary for Civil Rights
1400 Independence Ave, SW, Stop 9410
Washington, D.C. 20250-9410

**Telephone Numbers:**
Local area: (202) 260-1026
Toll-free: (866) 632-9992
Local or Federal relay: (800) 877-8339
Spanish relay: (800) 845-6136
Fax: 1-833-256-1665

## PAPERWORK REDUCTION ACT AND PUBLIC BURDEN STATEMENTS:

The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.) requires us to inform you that this information is being collected to ensure that your complaint contains all the information required to file a complaint. The Office of the Assistant Secretary for Civil Rights will use the information to process your complaint of program discrimination.

Response to this request is voluntary. The information you provide on this form will only be shared with persons who have an official need to know, and will be protected from public disclosure pursuant to the provisions of the Privacy Act, 5 U.S.C. § 552a(b).

The estimated time required to complete this form is 60 minutes. You may send comments regarding the accuracy of this estimate and any suggestions for reducing the time for completion of the form to USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave, SW, Washington, DC 20250-9410.

An Agency may not conduct or sponsor, nor is a person required to respond to, a collection of information unless it displays a currently valid OMB Control Number.  The OMB Control Number for this form is 0508-0002.